Diagram		
Please type a plus sign (+) inside this box	\rightarrow	+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

☑ Declaration Submitted with Initial Filing

Declaration
Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nur	nber	0144	
First Named Invento	<u> </u>	RAYMOND ZAPPE	
COMPL	ETE IF	KNOWN	
Application Number		/	
Filing Date			
Group Art Unit			
Examiner Name			

As a below named inventor, I I	hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
LINER APPARATUS A	LINER APPARATUS AND METHOD OF MAKING A LINER							
the specification of which	((Title of the Invention)						
is attached hereto	•							
was filed on (MM/DD/YYYY)	as United S	States Application	Number or PCT International				
Application Number	and was a	amended on (MM/DD/YY	ΥY) [(if applicable).				
I hereby state that I have reviewe amended by any amendment spe	ad and understand the		ntified specification	on, including the claims, as				
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	se information which is n mation which became a e continuation-in-part ap	material to patentability as available between the filir oplication.	ng date of the phe					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?				
		(**************************************	Not Claimed	YES NO				
				0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date	e (MM/DD/YYYY)	iai application(s) i	ISTED DEIOW,				
		1	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.				
	!	1		ı				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.





PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

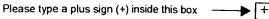
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Numl or Bar Code Lal				OR	X	Correspondence address below
Name H. GOF	RDON SHIELD)S					
Address 7830 N	NORTH 23RD	AVEN	IUE				
Address				,			
City PHOENI	X				AZ		_{ZIP} 85021
Country U.S.A.	Te	elephon	_{1e} (602	2) 995	X - 5-0490	209	Fax (602) 995-0876
I hereby declare that all statements nare believed to be true; and further tamade are punishable by fine or imprivalidity of the application or any patents.	sonment, or both, nt issued thereon.	own kn ents wei under	nowledge are	e true and	nd that all s	statemen	nts made on information and belief I false statements and the like so se statements may jeopardize the
NAME OF SOLE OR FIRST IN	VENTOR:		/	A petitio	on has be	een file	ed for this unsigned inventor
Given Name (first and middle [if any]) RA	YMOND		1	Family Na or Surnar	_	APPE	
Inventor's Signature Klyna	nd Zuf	The					Date 1/23/2002
Residence: City PHOENIX	•		State AZ	Co	ountry U	.S.A.	Citizenship U.S.A.
Mailing Address 4609 EAS	ST DESERT V	IEW	DRIVE				
Mailing Address							
City PHOENIX	State AZ			ZIP 8	35044		Country U.S.A.
NAME OF SECOND INVENTOR	₹:		A	petition	n has be	en filed	d for this unsigned inventor
Given Name first and middle [if any])			F	amily Nar	ame		
nventor's Signature				•			
Residence: City				T			Date
failing Address		1	State	<u> </u> C	Country		Citizenship
lailing Address							
ity	State		ZII	P			Country
Additional inventors are being named	on thesuppl	lementa	a! Additional	Inventor((s) sheet(s) PTO/S	B/02A attached hereto.







PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number)
Filing Date							
First Named Inventor	RA	OMY	ND ZAPP	E			7
Title LINER APPARAT	us	AND	METHOD	OF	MAKING	A	LINEF
Group Art Unit				• • • • • • • • • • • • • • • • • • • •			7
Examiner Name		-					1
Attorney Docket Number	0	144					フ

I hereby appoint:		· · · ·					
Practitioners a OR X Practitioner(s)	Customer Number			Place Cu Number Label he	Bar Code		
	Name		Pegistr	ation Numb	oor		
H. GORI	ON SHIELDS		23,099	auon Numb	<u>iei</u>		
			201023				
							
H. GORI as my/our attorney(s) business in the United	or agent(s) to prosecute the applicati States Patent and Trademark Office	on identi connect	fied above, ed therewi	, and to tran th.	sact all		
Please change the co	respondence address for the above-ioned Customer Number. ustomer Number	dentified	application	n to: Place Custom Number Bar C Label here			
X Firm <i>or</i> Individual Name	H. GORDON SHIELDS						
Address	7830 NORTH 23RD AVENUE	7830 NORTH 23RD AVENUE					
Address							
City	PHOENIX	State	AZ	Zip	85021		
Country	U.S.A.						
Telephone	(602) 995-0490	Fax	(602) 9	95-0876			
I am the: X Applicant/Inver	tor.						
	ord of the entire interest. See 37 CFI er 37 CFR 3.73(b) is enclosed. (Form		3/96).				
	SIGNATURE of Applicant or Ass	ignee of	Record				
Name RA	MOND ZAPPE						
Signature	aymond Laste						
Date //2	3/2002						
NOTE: Signatures of all the inve forms if more than one signature	ntors or assignees of record of the entire inte is required, see below*.	est or thei	rrepresentat	ive(s) are requ	ired. Submit multiple		
☐ *Total off	orms are submitted.						